

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name Desert Recreation District Division, Department, or Region (if applicable) 45-305 Oasis Street Street Address Indio, CA 92201 Designated Agency Contact (Name, Title) Delia Granados, Executive Assistant Area Code/Phone Number E-mail (760) 347-3484 dgranados@drd.us.com	Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)

2. Function, Event, or Ceremonial Role Information

Title Widows & Orphans Golf Tournament Face Value of Each Admission \$ 135.00

Description Golf Tournament Tickets Date(s) 10 / 30 / 11 _____ / _____ / _____

Ticket(s)/Admission(s) provided by agency? Yes No If no: Elizabeth L. Martyn, APC
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Hoppe, Robert	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reward to boos morale	Income <input type="checkbox"/>
Hirth, Laurie	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reward to boost morale	Income <input type="checkbox"/>
Brazil, Mike	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reward to boost morale	Income <input type="checkbox"/>
DeWitt, Craig	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reward to boost morale	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Kevin Kalman
General Manager
11/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)